L19000154024

(Re	questor's Name)				
	dress)				
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(Cit	y/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Na	me)			
(Document Number)					
Certified Copies	_ Certificate	s of Status			
Special Instructions to	Filing Officer:	\$25			
Q. SILAS					
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Office Use Only



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May 10, 2022

AGILE LEGAL 651 N. BROAD STREET SUITE 308 MIDDLETOWN, DE 19709

SUBJECT: 2810 HERITAGE PLAZA, LLC

Ref. Number: L19000154024

We have received your document and check(s) totaling \$280.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s). All pages must be returned in order to file the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 622A00010718

Querida R Silas Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO:		stration Section sion of Corporations						
SUBJI	ECT:	2810 HERITAGE PLAZA, LLC						
		Name of Limited Liability Company						
Dear S	ir or N	Aadam:						
The en	closed	Registered Agent/Registered C	office Cha	ange and	fee(s) are submitted for filing.			
Please	return	all correspondence concerning	this matte	er to the f	following:			
Hanna	Wolf c	or Joshua Ginter						
		Name of Person			-			
Agile I	.egal							
		Firm/Company						
651 N.	Broad	Street, Suite 308						
	<u>-</u> .	Address			_			
Middle	town,	DE 19709						
		City/State and Zip Code	!					
compli	ance@	agilelegal.com						
Н	-mail	address: (to be used for future a	nnual rep	ort notifi	cation)			
For fur	ther in	formation concerning this matter	er, please	call:				
Hanna	Wolf	or Joshua Ginter	at (302	376-6710			
		Name of Person			Area Code & Daytime Telephone Number			
	Regi Divi P.O.	ling Address: stration Section sion of Corporations Box 6327 ahassee, FL 32314			Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
	Encl	osed is a check for the following	ng amou	nt:				
	= \$3	25 Filing Fee	☐ \$55 Filing Fee & Certified Copy					

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

I. Na	ame of the limited liability company: 2810 HERITAG	E PLAZA	I	LC	
2. (a)		1	b)		
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	'	υ,	Mailing addre	ss of limited liability company: Y BE POST OFFICE BOX)
	1408 HARBOUR WALK RD			1408 HARBOUR WA	LK RD
	TAMPA, FL 33602			TAMPA, FL 33602	
	06/14/2019		!	L19000154024	
3.	Date of filing/registration in Florida	4.	_	Document	number
5. (a)					
J. (u)	Registered Agent and Registered Office shown on the records o	f the Florid	ia I	Dept. of State:	
	Global Virtual Agent Services, Inc.				
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u>S)</u>		% (-
	1408 Harbour Walk Road				ECF TAL
	Tampa . F	133602			LAAH
					ARY OF
(b)	Enter name of NEW Registered Agent and/or NEW Registere	1 () (F			SEP I
	Enter name of NEW Registered Agent and/or NEW Registere	<u>a Omce ac</u>	<u>aaı</u>	<u>*ess</u> :	9: STATE
	Universal Registered Agents, Inc.				HE .
	NEW Registered Office Address:	•			
	1317 California Street				
	Tallahassee	. 32304			
	, F	l			
change agent v was/we the arti	imited liability company is not organized under the last or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members cles of organization or the operating agreement of the $C_{II} V_{CII} V_{CII}$	e register iability co of the lin : limited	red om nit lia	office and the busine pany, it is hereby cor ed liability company bility company.	ess office of the registered of the change(s)
		Vin	100	Kulhari / Manager Printed or tv	ped name of signee
	e of a member or authorized representative of a member	raa ta ac			
provisi the obl to mere	by accept the appointment as registered agent and age ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I I in writing of this change.	ree to ac. e perform ed for in (hereby c	i ii an Ch on	i ins capacity. I furlice of my duties, and is apter 605, F.S. Or, i firm that the limited l	ner agree to comply with the l am familiar with and accept f this document is being filed iability company has been
Sibnatu	to of Registered Aponta				